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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)			
)	Group Art Unit:	1635	
Mu et al.)	F	Town Cibbs	
Serial No. 10/073,060)	Examiner:	Terra Gibbs	
Filed: February 12, 2002)	Atty. Dkt. No. 00	5539.00044	~
For: AMPLIFIED CANCER GENE HI	EPSIN			

RESPONSE TO FINAL OFFICE ACTION

U.S. Patent and Trademark Office Customer Service Window, Mail Stop AF Randolph Building 401 Dulany Street Alexandria, VA 22314

Sir:

This paper responds to the Final Office Action mailed November 15, 2005. We believe no fee is due to make this response timely filed. If a fee is due, please charge our Deposit Account No. 19-0733.

Claims 1-3, 9-12, 14, 22-24, 33-35, ad 39-64 are pending. Claims 1, 2, 9, 10, 12, 22, 23, 33, 34, and 39-51 are allowed. Claims 3, 11, 14, 24, 35, and 52-64 are rejected.

Please enter the following amendments.

Respectfully submitted,

BANNER & WITCOFF, LTD.

Date: February 14, 2006

Lisa M. Hemmendinger

Registration No. 42,653

Customer No. 22907

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 10077160 CLAIMS AS FILED - PART I SMALL ENTITY . OTHER THAN (Column 1) (Column 2) TYPE [OR SMALL ENTITY **.TOTAL CLAIMS** RATE FEE RATE FEE FOR NUMBER FILED NUMBER EXTRA BASIC FEE 370.00 OR BASIC FEE 740.00 TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3-= X42 =MULTIPLE DEPENDENT CLAIM PRESENT X84= OR +140= +280= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) SMALL ENTITY (Column 3) OR SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER ADDI-PRESENT ADDI-AFTER **PREYIOUSLY** RATE TIONAL **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ \$ \$ 40 X\$18= 5 6.00 ЮR Independent Minus X FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X84= 20 O. OR +140= +280= OR TOTAL TOTAL 10.00 OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER ADDI-PRESENT ADDI-AFTER PREVIOUSLY RATE TIONAL **EXTRA** RATE AMENDMENT TIONAL PAID FOR FEE FEÉ Total Minus X\$ 9= X\$18= OR Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X42 =X84= OR +140= +280= OR TOTAL OR ADDIT, FEE ADDIT. FEE Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER ADDI-PRESENT ADDI-**AFTER PREVIOUSLY** RATE **EXTRA** TIONAL AMENDMENT RATE TIONAL PAID FOR FEE FEE **Total** Minus

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

Minus

ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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Independent

ENDMENT

AMENDMENT

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OR

OR

OR

X\$18≐

X84 =

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X42 =

+140=

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TOTAL